

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

037088 U.S. PTO
10/675782



093003

Attorney Docket No.		HSJ9-2003-0071US2		(0107-0046)	
First Inventor or Application Identifier:		Freitag			
Title:		SPIN VALVE SENSOR HAVING ONE OF TWO AP PINNED LAYERS MADE OF COBALT			
Express Mail Label No.:		EV 300425992 US			
Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small>			ADDRESS TO: MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450		

1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>24</u>] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>12</u>] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement Verifying identity
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ACCOMPANYING APPLICATION PARTS	
8. <input checked="" type="checkbox"/> Assignment 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement Status is still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input type="checkbox"/> Check # <input type="text"/> (\$ <input type="text"/>)	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-In-Part of prior application no.:
 Prior application information: Examiner: _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number (<input type="text"/>) <input type="checkbox"/> Or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence Address Below	<div style="border: 1px solid black; width: 200px; height: 100px; margin: 0 auto;"></div>
NAME	ATTN: John J. Oskorep
ADDRESS	One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611
Telephone: 312-222-1860	Fax No.: 312-214-6303
Name (print/type)	JOHN J. OSKOREP
Signature	
Registration No.: (Attorney/Agent)	41,234
Date	30 Sept 2003



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FEE TRANSMITTAL

Attorney Docket No.	HSJ9-2003-0071US2
First Named Inventor:	Freitag
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

TOTAL AMOUNT OF PAYMENT:	\$ 970.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-2587 Deposit Account Name: Hitachi Global Storage Technologies <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 750.00	\$375.00	\$ 750.00
Total Claims	30 - 20 =	10	X \$ 18.00	X \$ 9.00	\$ 180.00
Independent Claims	3 - 3 =	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)		0	\$ 280.00	\$140.00	\$ 0.00
Total of above Calculations =					\$ 930.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 0.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$ 0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation	\$ 40.00	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$ 40.00

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	30 Sept 2003